

L000000/3829

## ATTORNEYS' TITLE

Requestor's Name

660 E. Jefferson St.

Address

Tallahassee, FL 32301

City/St/Zip

850-222-2785

Phone #

## CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1- TTP OF HILLSBOROUGH, L.L.C.

2-

3-

4-

☒ Walk-in

☐ Pick-up time ASAP

☒ Certified Copy

☐ Mail-out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

### NEW FILINGS

<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

### AMENDMENTS

<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

### OTHER FILINGS

<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

### REGISTRATION/QUALIFICATION

<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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-11/13/00--01010--012  
\*\*\*\*155.00 \*\*\*\*155.00

Examiner's Initials

DO NOT  
FILE  
11-13-00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

**ARTICLES OF ORGANIZATION**  
**FOR**  
**TTP OF HILLSBOROUGH, L.L.C.,**  
**A FLORIDA LIMITED LIABILITY COMPANY**

The undersigned, for the purpose of forming a Florida limited liability company under the provisions of Chapter 608 of the Florida Statutes, hereinafter referred to as the Limited Liability Company, hereby agrees to the following:

**ARTICLE I - NAME**

The name of the Limited Liability Company shall be TTP OF HILLSBOROUGH, L.L.C.

**ARTICLE II - PRINCIPAL MAILING AND STREET ADDRESS OF COMPANY**

The principal mailing and street address of the Limited Liability Company is 1060 Keene Road, Dunedin, Florida 34698.

**ARTICLE III - DURATION**

The period of duration for the Limited Liability Company shall be perpetual.

**ARTICLE IV - MANAGEMENT**

The Limited Liability Company is to be managed by a manager and the name and address of such manager who is to serve as manager is: William E. Touloumis, 1060 Keene Road, Dunedin, Florida 34698.

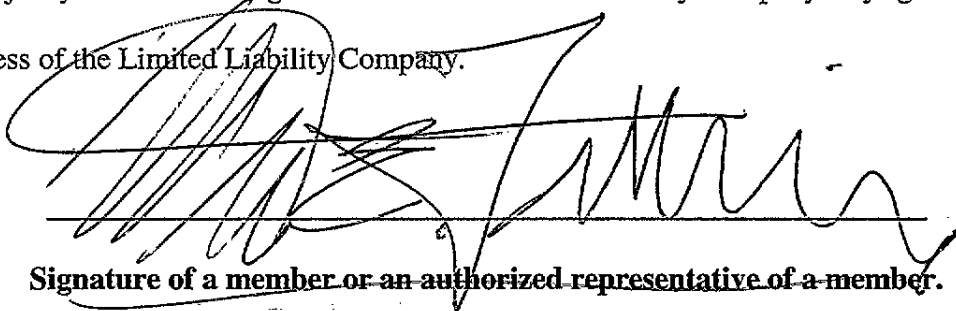
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AND  
FILED  
00 NOV 13 AM 9:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE V - ADMISSION OF ADDITIONAL MEMBERS**

Additional members may be admitted as members upon the consent in writing of a simple majority of existing members.

**ARTICLE VI - MEMBERS RIGHTS TO CONTINUE BUSINESS**

In the event of the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member who is the sole manager or the occurrence of any other event which terminates the continued membership of a member who is the sole manager of the Limited Liability Company, a simple majority of the remaining members of the Limited Liability Company may agree to continue the business of the Limited Liability Company.



Signature of a member or an authorized representative of a member.

WILLIAM E. TOULOUMIS

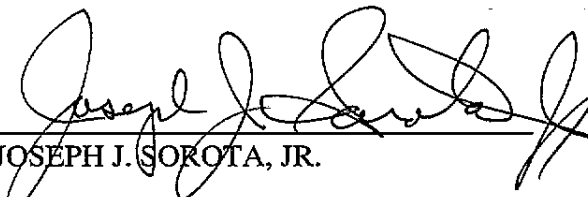
Typed or printed name of signee

**CERTIFICATE OF DESIGNATION OF AND ACCEPTANCE BY  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA AND EVIDENCING THE REGISTERED AGENT'S ACCEPTANCE OF THAT POSITION.

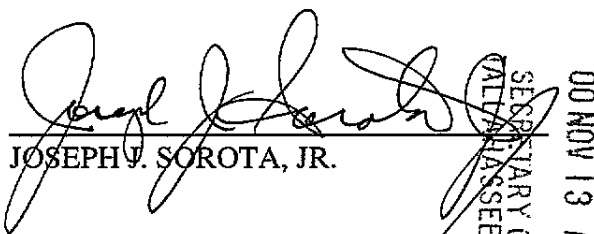
1. The name of the Limited Liability Company is: TTP OF HILLSBOROUGH, L.L.C.
2. The name and address of the registered agent and office is:  
Joseph J. Sorota, Jr., Esquire  
JOSEPH J. SOROTA, JR., P.A.  
28100 U.S. Highway 19 North, Suite 504  
Clearwater, FL 33761-2686

Dated this 6<sup>th</sup> day of November, 2000.

  
JOSEPH J. SOROTA, JR.

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED LIMITED LIABILITY COMPANY AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

Dated this 6<sup>th</sup> day of November, 2000.

  
JOSEPH J. SOROTA, JR.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED